

POSITION:	INITIALS	ID NO.	DATE
FEE DETERMINATION	ST		
O.I.P.E. CLASSIFIER			7-20
FORMALITY REVIEW	XS	71702	4-29

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date				
Final	Original	5-18	1-15	4-19	2-29
1	✓	✓	✓	✓	✓
2	✓	✓	✓	✓	✓
3	✓	✓	✓	✓	✓
4	✓	✓	✓	✓	✓
5	✓	✓	✓	✓	✓
6	✓	✓	✓	✓	✓
7	✓	✓	✓	✓	✓
8	✓	✓	✓	✓	✓
9	✓	✓	✓	✓	✓
10	✓	✓	✓	✓	✓
11	✓	✓	✓	✓	✓
12	✓	✓	✓	✓	✓
13	✓	✓	✓	✓	✓
14	✓	✓	✓	✓	✓
15	✓	✓	✓	✓	✓
16	✓	✓	✓	✓	✓
17	✓	✓	✓	✓	✓
18	✓	✓	✓	✓	✓
19	✓	✓	✓	✓	✓
20	✓	✓	✓	✓	✓
21	✓	✓	✓	✓	✓
22	✓	✓	✓	✓	✓
23	✓	✓	✓	✓	✓
24	✓	✓	✓	✓	✓
25	✓	✓	✓	✓	✓
26	✓	✓	✓	✓	✓
27	✓	✓	✓	✓	✓
28	✓	✓	✓	✓	✓
29	✓	✓	✓	✓	✓
30	✓	✓	✓	✓	✓
31	✓	✓	✓	✓	✓
32	✓	✓	✓	✓	✓
33	✓	✓	✓	✓	✓
34	✓	✓	✓	✓	✓
35	✓	✓	✓	✓	✓
36	✓	✓	✓	✓	✓
37	✓	✓	✓	✓	✓
38	✓	✓	✓	✓	✓
39	✓	✓	✓	✓	✓
40	✓	✓	✓	✓	✓
41	✓	✓	✓	✓	✓
42	✓	✓	✓	✓	✓
43	✓	✓	✓	✓	✓
44	✓	✓	✓	✓	✓
45	✓	✓	✓	✓	✓
46	✓	✓	✓	✓	✓
47	✓	✓	✓	✓	✓
48	✓	✓	✓	✓	✓
49	✓	✓	✓	✓	✓
50	✓	✓	✓	✓	✓

Claim	Date				
Final	Original	4-19	12-21	2-29	01-03
51	✓	✓	✓	✓	✓
52	✓	✓	✓	✓	✓
53	✓	✓	✓	✓	✓
54	✓	✓	✓	✓	✓
55	✓	✓	✓	✓	✓
56	✓	✓	✓	✓	✓
57	✓	✓	✓	✓	✓
58	✓	✓	✓	✓	✓
59	✓	✓	✓	✓	✓
60	✓	✓	✓	✓	✓
61	✓	✓	✓	✓	✓
62	✓	✓	✓	✓	✓
63	✓	✓	✓	✓	✓
64	✓	✓	✓	✓	✓
65	✓	✓	✓	✓	✓
66	✓	✓	✓	✓	✓
67	✓	✓	✓	✓	✓
68	✓	✓	✓	✓	✓
69	✓	✓	✓	✓	✓
70	✓	✓	✓	✓	✓
71	✓	✓	✓	✓	✓
72	✓	✓	✓	✓	✓
73	✓	✓	✓	✓	✓
74	✓	✓	✓	✓	✓
75	✓	✓	✓	✓	✓
76	✓	✓	✓	✓	✓
77	✓	✓	✓	✓	✓
78	✓	✓	✓	✓	✓
79	✓	✓	✓	✓	✓
80	✓	✓	✓	✓	✓
81	✓	✓	✓	✓	✓
82	✓	✓	✓	✓	✓
83	✓	✓	✓	✓	✓
84	✓	✓	✓	✓	✓
85	✓	✓	✓	✓	✓
86	✓	✓	✓	✓	✓
87	✓	✓	✓	✓	✓
88	✓	✓	✓	✓	✓
89	✓	✓	✓	✓	✓
90	✓	✓	✓	✓	✓
91	✓	✓	✓	✓	✓
92	✓	✓	✓	✓	✓
93	✓	✓	✓	✓	✓
94	✓	✓	✓	✓	✓
95	✓	✓	✓	✓	✓
96	✓	✓	✓	✓	✓
97	✓	✓	✓	✓	✓
98	✓	✓	✓	✓	✓
99	✓	✓	✓	✓	✓
100	✓	✓	✓	✓	✓

Claim	Date				
Final	Original	110	112	113	114
110	✓	✓	✓	✓	✓
111	✓	✓	✓	✓	✓
112	✓	✓	✓	✓	✓
113	✓	✓	✓	✓	✓
114	✓	✓	✓	✓	✓
115	✓	✓	✓	✓	✓
116	✓	✓	✓	✓	✓
117	✓	✓	✓	✓	✓
118	✓	✓	✓	✓	✓
119	✓	✓	✓	✓	✓
120	✓	✓	✓	✓	✓
121	✓	✓	✓	✓	✓
122	✓	✓	✓	✓	✓
123	✓	✓	✓	✓	✓
124	✓	✓	✓	✓	✓
125	✓	✓	✓	✓	✓
126	✓	✓	✓	✓	✓
127	✓	✓	✓	✓	✓
128	✓	✓	✓	✓	✓
129	✓	✓	✓	✓	✓
130	✓	✓	✓	✓	✓
131	✓	✓	✓	✓	✓
132	✓	✓	✓	✓	✓
133	✓	✓	✓	✓	✓
134	✓	✓	✓	✓	✓
135	✓	✓	✓	✓	✓
136	✓	✓	✓	✓	✓
137	✓	✓	✓	✓	✓
138	✓	✓	✓	✓	✓
139	✓	✓	✓	✓	✓
140	✓	✓	✓	✓	✓
141	✓	✓	✓	✓	✓
142	✓	✓	✓	✓	✓
143	✓	✓	✓	✓	✓
144	✓	✓	✓	✓	✓
145	✓	✓	✓	✓	✓
146	✓	✓	✓	✓	✓
147	✓	✓	✓	✓	✓
148	✓	✓	✓	✓	✓
149	✓	✓	✓	✓	✓
150	✓	✓	✓	✓	✓

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)